PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

10-785-664

01 4110 40 511 55 54 55									10		3-06	<u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			25					RATE	T FEE	OR 7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		*	5		X\$ 9=	 	OR	X\$18=	00
INI	DEPENDENT C	CLAIMS	2 minus 3 =		*	0		X43=	 	1 .	X86=	90
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT					740=	 	OR	A00=	
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+145=		OR	+290=	
								TOTAL		OR	TOTAL	860
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I	
T.		CLAIMS		HIGHE		1	1 r			7		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF ME	Minus	***	OL 4444	=		X43=		OR	X86=	2 ,
	TINOT FRESE	INTATION OF IVI	JETTPLE DET	PENDENT	CLAIM		ا ا	+145=		OR	+290=	
					_		L]՝՝՝ լ		
								TOTAL		OR .	TOTAL	
			•	_			A	DDIT. FEE		J ,	DDIT. FEE	
-		(Column 1)		(Colum		(Column 3)	_					
8		CLAIMS		HIGHE	-		Ιг		ADDI-	1 Г		ADDI-
		REMAINING	İ	NUMB	_	PRESENT	11	DATE		1	5	
z		AFTER AMENDMENT		PREVIOU		EXTRA	11	RATE	TIONAL	1 1	RATE	TIONAL
¥ I		AMENDMENT		PAID F	<u>он _</u>		l L		FEE	1 1		FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	ATATION OF MI	Minus	*** .	21 4144	=		X43=	:	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL				
									•	OR ,	TOTAL	
_		•	DDIT. FEE L		J A	DDIT. FEE L						
		(Column 1)		(Columi	n [.] 2)	(Column 3)						
\Box	`	CLAIMS		HIGHE				_T	100:			
ပ		REMAINING	1	NUMBE		PRESENT	•		ADDI-			ADDI-
2	i	AFTER	1	PREVIOU		EXTRA		RATE	TIONAL		RATE	TIONAL
¥ ⊦		AMENDMENT		PAID FO	DR		L		FEE	· L		FEE
MEN	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
	Independent		Minus	###		=		X43=		OR	X86=	7
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-					
								+145=				
,	t If the come in column t is less than the									OR	+290=	ı
- II	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL	
***	the "Highest Nur	mber Previously Pai mber Previously Pai	d FOT IN IHIS	SPACE IN I	ess than	20, enter 20.	AD	TOTAL DIT. FEE		OR A	DDIT. FEE	
T	he "Highest Num	ber Previously Paid	For" (Total or	Independent	tas uidu () is the (i o, eiller o. highest number	found	in the ener	Onriate hov	in colu	mn 1	
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